

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT		TIME	2. ADDRESS OF OCCURRENCE			3. LOCATION CODE		4. BEAT/DOCCUR		
	09-MAY-2016		11:00:00	4949 S KARLOV AVE CHICAGO, IL 60632			291		0815		
SUBJECT INFORMATION	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.		
	9161	CLARK	JOHN F	18361	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	601	190			
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?					
	17-MAY-1993		008 0862A	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.			
	JOHNSON	MICHAEL	DAVID	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	05-JUN-1989	510	180			
	28. ADDRESS	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY)	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
	5504 W 63RD PL CHICAGO, IL 60638		<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CB NO.	38. IR NO.	39. DNA	40. DNA			
	MOUNT SINAI HOSPITAL		<input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		19307948						
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE				
	DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>	
	OTHER		OTHER		OTHER		OTHER		OTHER		
	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input checked="" type="checkbox"/>	
	VERBAL COMMANDS	<input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER		
	ESCORT HOLDS	<input type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>			
	WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER						
	ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>							
	PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>							
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (Spark Displayed)	<input type="checkbox"/>								
OC/CHEMICAL WEAPON	<input type="checkbox"/>	OTHER									
W/AUTHORIZATION											
OTHER											
39. DNA	40. ADDITIONAL INFORMATION										
POSITION	STAR NO.	UNIT									
41. WEAPON TYPE	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS					
<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 05 CHEMICAL WEAPON		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	<input checked="" type="checkbox"/> 01 Daylight	CLEAR					
<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 06 TASER (Probe Discharge)		45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE					
<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 07 OTHER		GLOCK, INC.-AU..	21	4.60	45 CAL					
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.						
	TET503		R027710S	84160132							
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED						
			Department Issued	1	5						
59. WHO FIRED FIRST SHOT	<input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	<input type="checkbox"/> 03 OTHER (Specify)					
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER			<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	0	<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)						
63. HOW WAS MEMBER'S HANDGUN DRAWN	<input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	DNA	65. DID MEMBER USE SIGHTS	<input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW											
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED										
WOODEN FENCE	<input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	69. POSITION OF MEMBER DISCHARGING WEAPON										
<input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) STANDING ON FENCE										
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.										
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.	SIGNATURE							
	WILLINGHAM, RUSSELL L		1377								
	09-MAY-2016 19:42:02										
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name)		STAR NO.	SIGNATURE	DATE REVIEWED	TIME					
	WILLINGHAM, RUSSELL L		1377		09-MAY-2016	19:43:31					

1613005374

H225744

LOG# 1080449

Attachment 8

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)  
Deceased

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

U#16-007

As of this report no further action by the undersigned is required. Investigation into this incident is ongoing by the Area Central Bureau of Detectives. Based on the facts available at this time , it is the preliminary finding that Officer Clark acted in compliance with department policy.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.  I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1080449 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name) <b>PENA, MARIA C</b>	SIGNATURE 	DATE COMPLETED <b>09-MAY-2016 19:45:27</b>	TIME
---	--	---	------

79. TOTAL TRR's THIS EVENT No.